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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be						
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Signature Pat Mathews						
Name	Pat Mathews Date (a Mundler 201) Pat Mathews Telephone				wauij	
Title	Authorized Person for Cetsusion Network Service L.L.C.					

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I, Pat Mathews (whose title is supplied below), hereby declare that I am authorized to
sign documents on behalf of Cetsusion Network Service L.L.C

Pat Mathews

Authorized Person for Cetsusion Network Service L.L.C.